Type: M.Car I M.Cycle I Bue I Van I Lorry I To II Prime Mover I To Inapack Vehicle No:  at Workertop mis  of Insued:  SIN 9913 R  Policy Na. 510214 \$181 JUN18 - 34 11 49 Claims Na. MT / 1615 259 - DU 2 Sum insued:  (Clent's Record)  Make of Wite  (Clent's Record)  Make of Wite  (Clent's Record)  Make of Wite  (Policy Condidon)  Remark: The veh had commenced its inchest Vehicle II No OIS  Ball or Market Value:  IDAG Acident Report:  Condident? Yes or No  Est Report:  CA I REV I REP. I 24 HRS  Date:  Person Contacted:  Vehicle: IN I OUT  Date:  Person Contacted:  Vehicle: IN I OUT  CA I Time Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acident Instruction  Sign Acident Instruction  Coal Time Acident Instruction  Sign Acide	Bynour: Kalvin REF: N9/IN	1618018306/Klibnz	- 1
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To large at Verhide No:  at Work and on the state of the	From: Date:	Veh No: SH C 8514	X Yr Regnt Oct , 215
To Inspect Vahida No:  at Workshop mis  of  at Workshop mis  of  Insured:  SIN 9913 R  Policy Na.  S102145881 JUN18-04-119  Collains No.  TT/615259-DO2  Sumin sume  Excess:  (Clent's Record)  Make of Wh:  Make	Estimate@Cost:	Type: M.Car / M.Cycle / Bus / Van / L	orry / TO / Prime Mover /
Colour SLN 9713 R Insued: SLN 9713 R Poliey No. 510214 9784 JUCHS 24414  Claims Na. MT / 161525 9 - 00 2  Sum insued: Excess: Concentrate of the web had commenced its impair at the time of inspection.  Ball or Market Value: Consistent? Yes or No Est Repair: days Res: Yes or No Est Repair: days Res: Yes or No CA 7 REV 1 REP. 1 24 HRS  Date: Person Contacted: Vehicle: IN 1 OUT  Date: Person Contacted: Vehicle: IN 1 OUT  Date: Person Contacted: Vehicle: IN 1 OUT  Date: Person Contacted: The Vehicle: IN 1 OUT  Date: Person Contacted: Vehicle: IN 1 OUT  Date: Person Contacted: The Vehicl	ODITP WS ITP RESIDD RESIEVA I HV I MV	Truck / Trailer of	
Insued: SIN 9913 R  Polity Na. 5103145811 JWH8-24-114  Claims Na MT (1015259-002  Sumin sound: Evcess: Sumin sound: Evcess: Sumin sound: See A H L D & L L L A & G 10 7 952  Clent's Record)  Mala of Vibr.  (Clent's Record)  Mala of Vibr.  (Policy Condidon)  Permark: The veh had commenced that inpair all the time of inspection.  Ball or Market Value.  Canadam Root: Consistent?: Yes or No  Ed. Repekt: days Rest. Yes or No  Luns Sum.  CA' 1 REV 1 REP. 1 24 HRS  Date: Person Contacted: Whice: Whice: Will CUT  Date / Time Action / Instruction  Date /	To Insped Vehicle No:	Make: _ Win Jar Z	40 00 1685.
Instruct: SIN 9913 R Polity No. 510314 \$180 JUH8-24-1149 Claims No. MT/o15259-002 Sum in subt. Excest: (Clent's Record) Make of Wit: Steeper S	at Workshop m/s	Colour Bhe	A/C: InstGo/Std/NI/NA
Policy Na.   SIN 9913 R   Policy Na.   S103145981 JWH8-24-1149		Sp.Reading 44237/	T/Radio: Insudd / Std / NI / NA
Claims No MT / 1015259-002  Sum In sunt	Insured: SLN 9913 R	Eng/No:	
Sum in state . Excess:  (Clen'is Record)  Make of Wak  (Palloy Condidon)  Remark: The veh had commenced its repair at the time of Inspection.  Ballor Market Value:  IDAC Action Proprit:  Gill J PR Seen:  Consistent?: Yes or No  Lum Sum:  A Sum:  Lum Sum:  Person Contacted:  Date:  D	POLICY NO. 5102148984 JUUT18- 3	04-11-19 C/No: KMHC/	BK14494079520
Collent's Record)  Make of Valc  (Policy Condition)  Remark: The veh had commenced Its repair at the time of Inspection.  Ball or Market Value:  Ball or Market Value:  IDAC Accident Root:  Consistent?: Yes or No  Est. Repairs:  days Rest: Yes or No  Lum Sumc  3 Val.: Yes or No  Ca' I REV I REP. I 24 HRS  Dale:  Person Contacted:  Vehicle: IN I OUT  Dale / Time  Action / Instruction  Dale / Time  Action / Instruction  SIC SOLIX  NS 0/5  Rest  BS / DUN / EXXIVOX / GY / FS / LIZA / MIC I OHTS UI PIR I SUM/ I TOYO / YOKO or  Compton  Front  Toyo / YOKO or  Compton  Front  Rest  Rest  IDAG Accident Root:  Consistent?: Yes or No  D.O.A. 4 / OKE  D.O.A.	Claims No. MT/1015259-002		
Modi: Nil ISRIM I STD Rim or Tyre Size:	Sum In sured: . Excess:	Steering: Inorder I Jammed I Leake	d/Burnt or
Tyre Size: F: 205/6016  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAG Accident Rport: Consistent? : Yes or No  EST REPAIR: days Res.: Yes or No  Lum Sum: 3 Val.: Yes or No  CA' I REV I REP. I 24 HRS  Dake: Person Contacted: Vehicle: IN/OUT  Dake / Time Action / Instruction  Sind Pills  Shid Pills  Action / Instruction  Sind Pills  Catif File Pass tor I Contacted: Prelim Report  Catif File Pass tor I Contacte	(Cllent's Record)		
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Date: Person Contacted: Vehicle: IN/OUT  Date/Time Action / Instruction  SILC STILL X - NA/MSh 1 603609 / klu  SIN 99BR - X  SIN 9BR - X	Lum Sum: % 3 Val.; Yes or	500000000000000000000000000000000000000	
Dale: Person Contacted: Vehicle: IN/OUT  Dale / Time   Action / Instruction    SIL SOLL X - NA / INSTALL SOLD / KU   DOD OIL III-16    SIN 99BR - X   45    II/I-0/-8   Share   C/S \$ 850/ 2 / 2 / 2    RECEIVED 1 2 OCT 2018  Distalline, File Pass tol   Prell. Report   Prell. Report   Survey Fee; Itansports force    Date / Time   Action / Instruction    RECEIVED 1 2 OCT 2018  Days Of Repair: 2    Interview   Share   Share   Share   Share    Interview   Share   Share   Share    Interview   Share   Share   Share    Report Format   Photos   Photos    Others   160	CA' / . REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / (	OIS I NIS I UIC I Rooftop or
Dale/Time Action / Instruction  SIN SSIN X - MA / MSH 16021507 / ky  SIN 998 - X  11/1-)-8 Coffree / C/S \$ 860/ 2 8/3.  RECEIVED 1 2 OCT 2018  Date/Time, Fibe Pass to?  Prell. Report  Days Of Repair:  1) Cylind Report  Days Of Repair:  2) Survey Fee;  Transportation:  Add Fee: Site Insp (\$ SHRS_SI  Photos  Photos  Others. 160	Ve		
SHOPER X HA/MONT 60015007 / KU 2007 CILLILLE ZINC SIN GABR X 4/3  II/I		The U/C / Chassis frame /	Body Structure affected due to collision.
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				C	Continue					

# Janice Lee (LKKAuto)

To: Subject:

mtreg RE: REQUEST CLAIMS NUMBER

From: Janice Lee (LKKAuto) [mailto:JaniceLee@lkkauto.com]

Sent: Thursday, October 11, 2018 5:24 PM

To: mtreg <a href="mailto:mtreg@income.com.sg">mtreg <a href="mailto:mtreg@income.com.sg">mtreg@income.com.sg</a>>

Subject: REQUEST CLAIMS NUMBER

Dear Sir/ Madam,

Kindly let us have the claim number :-

MT/1015259-002	COMFORT TRANSPORTATION PTE LTD	SHC 8514X	SLN 9913R	09/10/2018	S
MT/1014628-002	COMFORT TRANSPORTATION PTE LTD	SHD 6514D	SMA 4668M	06/10/2018	\$
MT/1015158-002	COMFORT TRANSPORTATION PTE LTD	SHA 4114D	GBD 9989T	09/10/2018	\$

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

# Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCI	DENI	STAT	150	II IN	п
ACC	DEN	CUA		-	ш

Date Of Report

09/10/2018 10:30

Date Of Accident

09/10/2018 06:00

Exact Location Of Accident

AYER RAJAH EXPRESSWAY TWDS TUAS

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC8514X

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R Co Reg No

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

**HYUNDAI** 

Model

140

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

MCOM0015

Cover Note Number

Driver

KELVIN LIONG

Name of Driver NRIC No

S7343417C

Date Of Birth

09/12/1973

Occupation

OUTDOOR

Date Of Driving Pass

01/03/2002

Driving Experience

16 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97269130

Fax Number

Contact Number

**EMail Address** 

ZKYE73@GMAIL.COM

Address

BLK 329 CLEMENTI AVENUE 2 #10-242

Postcode

120329

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PASIR RIS N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20181009/2015

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLN9913R

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT REAR

# No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	KELVIN LIONG KIN CHUNG
Approximate Age	44
Injuries Sustain	UPP. BACK PAIN
Injured person in which vehicle?	SHC8514X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of .
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMPORT TRANSPORTATION PTE LTD

CO REG. NO. 199209321R

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

alide

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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I/We declare the foregoing part	iculars are true in every espect.		वागि	TACKS?
MEGRI TRANSPORTATION CO. REG. NO. 10020033	PTE LTO		Jackson Heng CSO	JACKER
	/		Reporting Centre Personnel's Si	gnature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy	holder)	Name:	5.43
TO STATE STA	Date & Time:		NRIC/FIN No.:	

GIARMC SketchFlanForm\_V3





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Report No. T/20181009/2015



Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT	OF A	TRAFF	IC ACC	CIDENT

REPORT OF A TRAFFIC ACCIDENT		
Vide Report No.: J/20181009/0053	Station Diary No.: 24	
	Vide Report No	

09/10/201	18 08:54		J/20181009/0053	
Informan	ıt's Particu	lars		
Name of	Informant: LIONG KIN		120329	VENUE 2 #10-242 SINGAPORE
ID Type / ID No.: NRIC NO / S7343417C			Contact No.: Home/Office:	Mobile: 97269130
Nationality: SINGAPORE CITIZEN			Email:	•
Sex:	x: Age: Date of Birth:		Type of Informant: Driver	Institution / School Name:
Male 44 09/12/1973  Race: Chinese			Language:	
Occupat Taxi driv	tion:	199	Driving Licence Informatio Class: 3	Date of Expiry:

eneral Inforr Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2018 06:00	Type of Location Straight Road
towards Tuas	H EXPRESSWAY	Road Surface:	<i>?</i>	Road Speed Limit:
Weather: Drizzling		Wet		Traffic Volume:
Traffic Flow:	74	Traffic Control: Not Controlled	64	Light
One Way  Type of Colli	eion.			Anyone conveyed by ambulance;
Type of Colli	ision. Wing Vehicles - Side S	wipe - Same Direction		No

Details of Vo	ehicle Invol	ved	1.0	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COICI	Slightly	1
SHC8514X	Car				Damaged	

Details of Person Involved	TO BE THE REAL PROPERTY OF THE
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Ose of Coodman





2 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Report No. T/20181009/2015

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver				ID No.		S7343417C	
Name	KELVIN LIONG KIN CHUNG			ID No.		914.5	
Related Vehicle	SHC8514X (Car)			Contact No.		97269130	
	nic NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Hospital/Clinic							
Date Treatment	NIL		Date Discharge NIL				
No. of Days granted Medical Leave		NIL	Degree of Injury		Slight		

#### Brief Details.

On 9 October 2018 at about 6:00am, I was travelling along Ayer Rajah Expressway towards Tuas in my Taxi vehicle (SHC8514X) with passenger on board. I wish to inform I am travelling on the extreme left lane. As I was approaching Penjuru Exit, I observed a vehicle (Mitsubishi Lancer Evolution / SLN9913) from my side view mirror approaching fast from my right. Subsequently ass the said vehicle caught up with my vehicle drove pass mine, the rear left side of the vehicle swiped onto the front right side of my vehicle. However, the said vehicle failed to come to a stop by the side and as such, I tried catching up with his vehicle and signaled for him to stop to exchange particulars but to no avail.

I wish to inform the right side front bumper of my vehicle and rim suffered from slight dents and scratches. I suffered aches on my upper back area from the accident and I will be consulting a doctor. Traffic police attended to me and informed me to lodge a traffic accident report.





3 of 3

Report No. T/20181009/2015

POLICE FORCE

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 JOYSON NG HAO FAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2018 08:54
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No. 100 100 100 100 100 100 100 100 100 10	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.10.2018 Time: 11:49:26

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

KK-Kalvin : 305223672 JOB NO REGN NO

MILEAGE

MAKE MODEL

DATE OF REGN : 22.10.2015

DATE/TIME IN ACCIDENT DATE : 09.10.2018

: 0000000000 : HYUNDAI : I-40

: SHC8514X

: 09.10.2018 09:00

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0001 04-01-0103-2322-A FRONT BUMPER

1 1,052.20 20.00 841.76

0002 04-01-0103-2934-G FRT FENDER SHIELD RH 1 175.90 20.00 140.72 X

0003 03-01-0103-0098-G FRT WHEEL RIM RH 1 325.30 20.00 260.24

0004 04-01-0103-0658-G FRT WHEEL CAP RH 1 107.10 20.00 85.68 Front Feath (RH) XMpmit

SUB-TOTAL : 1,328.40

#### JOB NATURE

0000 20-05

FRT TYRE RH

216.00 × Sec

0001 L

PANEL BEATING

0002 23-502

SPRAYPAINT ON AFFECTED AREA

0003 L

WHEEL ALIGNMENT

SUB-TOTAL : 1,216.00

2544.40

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 09.10.2018

Time: 11:49:26

Page: 2

REPAIR ESTIMATE

Huc-45

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305223672 : SHC8514X

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 22.10.2015 DATE/TIME IN

: 09.10.2018 09:00

ACCIDENT DATE : 09.10.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,544.40

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

DATE:

Kahm ICKKy

A 9/10/18 12 05 L.

2 Roys.

Us
After Report photo LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before latter spray painting • To display damaged partis) during resurvey Balta bloos side any led to confirmation Third Party Survey Is on 8 Without Prejudice basis No illegal modification(s) is showed. Supplementary (Invalous Augustus)
 Supplementary (Invalous Augustus) aupprenentary nemus i must be resurveyed and is subject to final approval from insurance Company Acknowledged by Repairer Signature: Date:

# **COMFORTDELGRO** ENGINEERING

A member of COMFORIDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

SHC8514X

HYUNDAI

Workshops 59 Loyang Drive Singapore 508989 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sunger Kadut Way Singapore 728791 501 Yehun Industrial Perk A Singapore 758730

Date/Time20000901002018 11:34

Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

REGN NO .:

MAKE:

MODEL

JC NO: 305223672 MILEAGE

FUEL

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

YR OF MANUA 22.10.2015

I - 40

COMPLETION DATE/TIME:

E.....F

09.10.2018 09:00

TARGET DATE

COUNT CARD NO.

DRESS

(R) (P)

Accident Date: 09.10.2018

NATURE: 3P 09.10.18

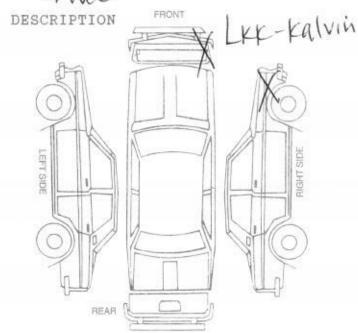
S/NO

LABOR CODE

JOB DESCRIPTION

- SLN 9913R

CHASSIS CODE KMHLB41UMGU079520



4ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

rowledgement Slip

10.

ale No.:

SHC8514X

LIMTS

Vehicle No.:

Exit Pass

SHC8514X

te of Service Advisor

Signature/Date

Name of Service Advisor

Date

### COMFORTDELGRO ENGINEERING

305223672 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 11/10/18 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN ANG Attn : 09-Oct-18 Vehicle Reg No. : SHC8514X Date of Accident : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SLN9913R The repair job shall bill to: NTUC 2. The finalized amount shall be: Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) \$800.00 Total for Lumpsum repair cost after Less: 20% \$800.00 Final Lumpsum Repair cost Estimated normal period for repairs: 2 working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature Signature: KALVIN Name Name : LIMTS 62148398 Date Tel Fax 65468156 For Official Use Only Document Confirm By Remarks Attached Amount Item (Signature) Yes or No YES 1. Rental Rate P/Day NO 2. Loss of Income Paid

Remarks:					
	W				

\$7.49

Survey Fees
 LTA Search Fee

Overrun

Medical Fees (on behalf of driver, if applicable)



## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





NS/INC18018306/K1rbn2 NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 23-10-2018 Date: 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHC 8514X Veh. Inspected **SLN 9913R** Insured Veh. 0.00 Coverage (\$) 5102148984 Policy No. 0.00 MT/1015259-002 Excess (\$) Claim No. 09/10/2018 Assign Date Assign From Vehicle Particulars & Condition 2. 1685 HYUNDAI 140 C.C Make & Model 2015 Year of Reg. HIDDEN Engine No. BLUE Colour KMHLB41UMGU079520 Chassis No. IN ORDER 442371 Steering Odometer STANDARD ALLOY RIM IN ORDER Modification Brakes FAIR General **Conditions of Tyres** 3. Make Balance Size CAMPEON 7 mm 205/60 R16 R/H Front Tyre 7 mm CAMPEON 205/60 R16 L/H Front Tyre 7 mm 205/60 R16 CAMPEON R/H Rear Tyre 7 mm CAMPEON 205/60 R16 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS. **General Information** 5. 09/10/2018 Inspection Date **Accident Date** 09/10/2018 COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. Estimate Days of Repair 5b. 2 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8514X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRT FENDER SHIELD RH	SERVICEABLE	175.90	83
1	FRT WHEEL RIM RH	BENT	325.30	325.30
1	FRT WHEEL CAP RH	CRACKED	107.10	107,10
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	/-	-
	LESS 20% DISCOUNT	Was and the second	-332.10	-86.48
			1,328.40	345.92
	SPECIAL NETT ITEMS			
1 FRT TYRE F	FRT TYRE RH (SN)	SERVICEABLE	216.00	
			216.00	
	LABOUR			Le constant ter
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER (RH).		440.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		440.00	400.00
	WHEEL ALIGNMENT.		120.00	60.00
	(N.C.) 100 (N.C.) 200		1,000.00	660.00
	GRAND TOTAL		2,544.40	1,005.92
	RECOMMENDED COST OF LUMP SUM REPAIRS			800.00

Report Ref No. NS/INC18018306/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

(CONFIRMED)

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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